# Complete Summary

## TITLE

Contraception: the percentage of women who have been prescribed an oral or patch contraceptive method who have also received information from the practice about long acting reversible methods of contraception in the previous 15 months.

## SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of women who have been prescribed an oral or patch contraceptive method who have also received information from the practice about long acting reversible methods of contraception in the previous 15 months.

### RATIONALE

Around 80% of (prescribed) contraception in the UK is provided in general practice.

The vast majority of practices are providing the additional service for contraception and many are also providing enhanced services including long acting reversible contraception (LARC) methods. All practices providing any level

of contraception need to be able to advise women about all methods to ensure they can make an informed choice. Clinical staff in practices which are not providing all methods also need enough knowledge of these to refer appropriately those women who have chosen a method which they do not supply. Practices also should be aware of local services and local referral pathways.

This measure is one of three Contraception measures. This indicator set seeks to increase the awareness of women seeking contraceptive advice in general practices of LARC methods and thus to increase the percentage of women using these methods (Glasier et al., J Fam Plann Reprod Health Care 2008).

A woman's contraceptive needs can change over her reproductive lifespan. Women requiring contraception should be given detailed information about and offered a choice of all methods, including LARC. This indicator seeks to encourage practices to review these needs on a regular basis and ensure that women are informed of advances in contraceptive choices.

All currently available long acting reversible contraception methods (LARC) are more cost-effective than the combined oral contraceptive even at one year of use. LARC methods include intrauterine devices, the intrauterine system, injectable contraceptives and implants. This is largely because their effectiveness is independent of patient compliance. Of the LARC methods, injectable contraceptives are the least cost effective. Increasing the uptake of LARC methods will reduce the number of unintended pregnancies. However, currently in the UK, about 8% of contraceptive users use LARC. Whilst international comparison is difficult, this percentage is very low (National Institute for Health and Clinical Excellence [NICE] Long acting reversible contraception guideline, 2005).

Information from the practice should be written and verbal.

### PRIMARY CLINICAL COMPONENT

Contraception (oral or patch); long acting reversible contraception (LARC)

### DENOMINATOR DESCRIPTION

Women who have been prescribed an oral or patch contraceptive method

### NUMERATOR DESCRIPTION

Number of women from the denominator who have also received information from the practice about long acting reversible methods of contraception in the previous 15 months

## Evidence Supporting the Measure

### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

**NATIONAL GUIDELINE CLEARINGHOUSE LINK**

- Long-acting reversible contraception: the effective and appropriate use of long-acting reversible contraception.

## Evidence Supporting Need for the Measure

**NEED FOR THE MEASURE**

Unspecified

## State of Use of the Measure

**STATE OF USE**

Current routine use

**CURRENT USE**

Internal quality improvement
National reporting
Pay-for-performance

## Application of Measure in its Current Use

**CARE SETTING**

Physician Group Practices/Clinics

**PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

**LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Group Clinical Practices

**TARGET POPULATION AGE**

Women of child-bearing age

**TARGET POPULATION GENDER**

Female (only)

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

See the "Rationale" field.

### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

### BURDEN OF ILLNESS

Unspecified

### UTILIZATION

Unspecified

### COSTS

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Effectiveness
Patient-centeredness

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

Women who have been prescribed an oral or patch contraceptive method*

*__Note__: The Quality and Outcomes Framework (QOF) includes the concept of exception reporting. This has been introduced to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The following criteria have been agreed for exception reporting:

A. patients who have been recorded as refusing to attend review who have been invited on at least three occasions during the preceding twelve months
B. patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances, e.g., terminal illness, extreme frailty
C. patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months, e.g., blood pressure or cholesterol measurements within target levels
D. patients who are on maximum tolerated doses of medication whose levels remain suboptimal
E. patients for whom prescribing a medication is not clinically appropriate, e.g., those who have an allergy, another contraindication or have experienced an adverse reaction
F. where a patient has not tolerated medication
G. where a patient does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records
H. where the patient has a supervening condition which makes treatment of their condition inappropriate, e.g., cholesterol reduction where the patient has liver disease
I. where an investigative service or secondary care service is unavailable

Refer to the original measure documentation for further details.

## DENOMINATOR SAMPLING FRAME

Patients associated with provider

## DENOMINATOR INCLUSIONS/EXCLUSIONS

### Inclusions
Women who have been prescribed an oral or patch contraceptive method

### Exclusions
Unspecified

## RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

## DENOMINATOR (INDEX) EVENT

Encounter
Therapeutic Intervention

## DENOMINATOR TIME WINDOW

Time window is a single point in time

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions
Number of women from the denominator who have also received information from

the practice about long acting reversible methods of contraception in the previous 15 months

**Exclusions**
Unspecified

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Fixed time period

**DATA SOURCE**

Medical record
Registry data

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

## Computation of the Measure

**SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

External comparison at a point in time
Internal time comparison
Prescriptive standard

### PRESCRIPTIVE STANDARD

Payment stages: 40-90%

### EVIDENCE FOR PRESCRIPTIVE STANDARD

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

SH 2. The percentage of women prescribed an oral or patch contraceptive method who have also received information from the practice about long acting reversible methods of contraception in the previous 15 months.

### MEASURE COLLECTION

Quality and Outcomes Framework Indicators

### MEASURE SET NAME

Contraception

### DEVELOPER

British Medical Association
National Health Service (NHS) Confederation

### FUNDING SOURCE(S)

The expert panel who developed the indicators were funded by the English Department of Health.

### COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

The main indicator development group is based in the National Primary Care Research and Development Centre in the University of Manchester. They are: Professor Helen Lester, NPCRDC, MB, BCH, MD; Dr. Stephen Campbell, NPCRDC, PhD; Dr. Umesh Chauhan, NPCRDC, MB, BS, PhD.

Others involved in the development of individual indicators are: Professor Richard Hobbs, Dr. Richard McManus, Professor Jonathan Mant, Dr. Graham Martin, Professor Richard Baker, Dr. Keri Thomas, Professor Tony Kendrick, Professor Brendan Delaney, Professor Simon De Lusignan, Dr. Jonathan Graffy, Dr. Henry Smithson, Professor Sue Wilson, Professor Claire Goodman, Dr. Terry O'Neill, Dr. Philippa Matthews, Dr. Simon Griffin, Professor Eileen Kaner.

## FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None for the main indicator development group.

## ENDORSER

National Health Service (NHS)

## ADAPTATION

Measure was not adapted from another source.

## RELEASE DATE

2009 Mar

## MEASURE STATUS

This is the current release of the measure.

## SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

## MEASURE AVAILABILITY

The individual measure, "SH 2. The Percentage of Women Prescribed an Oral or Patch Contraceptive Method Who Have Also Received Information from the Practice About Long Acting Reversible Methods of Contraception in the Previous 15 Months," is published in the "Quality and Outcomes Framework Guidance." This document is available from the British Medical Association Web site.

## NQMC STATUS

This NQMC summary was completed by ECRI Institute on October 1, 2009. The information was verified by the measure developer on March 4, 2010.

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